

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>	LLC		57 02 01
<b>O.I.P.E. CLASSIFIER</b>		48	2/20/01
<b>FORMALITY REVIEW</b>	CV	503	08-24-01
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1	1/1/01
2	1/1/01
3	1/1/01
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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JC81  
02/26/01

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